

Mail Application to:

List Coordinator
Administrative Office
Probate and Family Court Dept.
2 Center Plaza, Suite 210
Boston MA 02108

Application
to the
Probate and Family Court Department
for appointment as
Guardian *ad Litem*
in actions involving:

For court use only

Reviewed _____

Entered _____

Protective Services, Elderly Person, G.L. c. 19A, § 20
or
Protective Services, Disabled Person, G.L. c. 19C, § 7

Name: _____
(Street and Number)Firm Name: _____
(Street and Number)Address: _____
(Street and Number)_____
(City or Town) (State) (Zip Code)Telephone No. (_____) _____
(Area Code)

B.B.O. # _____

E-Mail Address _____

CATEGORY



I certify that I was admitted to practice before the Supreme Judicial Court on _____,
that I remain in good standing to practice before the courts of the Commonwealth of Massachusetts, and that I have not
been convicted of any felony.

I further certify

- ☐ that I have at least three years of experience practicing guardianship/conservatorship law in the Probate and Family
Courts of Massachusetts, including cases involving protective services for elderly and/or disabled persons, **and**
- ☐ that I am familiar with the provisions of G.L. c. 19A and G.L. c. 19C, **and**
- ☐ that I have the required experience and expertise to serve as a guardian *ad litem*/next friend for elderly and
disabled people who have been the victims of physical or emotional abuse and/or financial exploitation in matters
commenced pursuant to G.L. c. 19A and c. 19C.

I have currently in effect professional liability insurance with coverage of \$100,000 or more. The insurance company
which issued the policy is:

(Name of Company)The policy number is: _____
(Policy Number)The limits of liability are: _____
(Limits of Liability)

I request and I **WILL** accept appointments from the following (not more than **four**) divisions of the Probate and Family
Court Department:

- ☐ Barnstable ☐ Berkshire ☐ Bristol ☐ Dukes ☐ Essex ☐ Franklin ☐ Hampden
☐ Hampshire ☐ Middlesex ☐ Nantucket ☐ Norfolk ☐ Plymouth ☐ Suffolk ☐ Worcester

I understand that I will be required each year, after 2001, to complete six hours of continuing legal education in the
guardianship/conservatorship/elder abuse/disabled person abuse fields to remain on the list for these appointments.
I agree that, if I am appointed as a guardian *ad litem* and a person with an appearance in the case requests a certificate
of my professional liability insurance, I will provide the certificate within seven days of the request. I understand that,
to remain on the list, I must mail to the List Coordinator each March, after 2001, a certificate of my good standing with
the Board of Bar Overseers dated that March.

I have attached to this Application **a copy of my resume** and **a certificate** of my good standing with the Board of Bar
Overseers. The certificate was issued not more than 30 days ago.

I certify under the penalties of perjury that all of the above information is true.

Date: _____

(Signature of Applicant)